of California—Health and Welfare Agency Approved OMB No. 2050—0039 (Expires 9:30-88) te print or type (Form designed for use on elite (12-pitch typewriter)					To		ment of Health Se stances Control D Sacramento, Ca		
UNIFORM HAZARDOUS 1. Generator's US E WASTE MANIFEST C A D 9 8 1	PAID No. , M	Manifest Document No. 0 5 1 3 9			2. Page 1 Information in the shaded areas is not required by Federal law.				
3 Generator's Name and Mailing Address Safety Section c/o Jefferson High 1425 S. San Pedro St.			A. State Manifest Document Number 87630833 B. State Generator's ID						
4. Generator's Phone (Los) Angeles, California 90017 742-7371 5 Transporter 1 Company Name 6 US EPA ID Number			C. Siate Transporter's ID 904879						
	US EPA ID Number	<u>601</u>	E Sta	naporter's	rter's ID	/3)	698-09		
Omega Recovery Services 9 Designated Facility Name and Site Address Omega Recovey Services 12512 Whittier Blvd. Whittier, California 90602 C A D O 4 2 2 4 5 0 0 4			G. State Facility's 'O CAD DO 42245001 H. Farefra, Phons						
11. US DOT Description (Including Proper Shipping Name, Hazard		Conta	iners Type	13, To Qui	otal entity	14. Unit Wt/Vol	l. Waste No.		
a Oils, Waste Oil Combustible Lique N.O.S. NA 1270		- 1		VA.		0	State EPA/Other		
b.		000	LΜ	01011	1710	6	State		
C.		1.1	_1_	1, 1	11		EPA/Other State		
		1.1.	1	1 1	1 1		EPA/Other		
d.							State EPA/Other		
J. Additional Descriptions for Materials Listed Above			a.	ndling Code	es for W	astes Li b: d.	sted Above		
15. Special Handling Instructions and Additional Information Keep Containers Upright And Sec Containers To Vehicle To Avoid			ecur	#8.55 BM 10 TO TO TO TO					
GENERATOR'S CERTIFICATION: I hereby declare that the name and are classified, packed, marked, and labeled, a international and national government regulations. If I am a large quantity generator, I certify that I have a prodetermined to be economically practicable and that I have me which minimizes the present and future threat to huma faith effort to minimize my waste generation and select the	and are in all respects in proper rogram in place to reduce the view selected the practicable melan health and the environment;	olume and thod of trea OR, if I am	for trai toxicity atment, a sma	of waste storage, Ill quantity	general or dispo	ed to the sal curretor, I ha	ne degree I have rently available ive made a goo		
Printed/Types Name ###################################	Signature	W.	U.	ell	le		Month Day		
Printed/Typed Name TAVIER HERNANDEZ	Signature	He	پستھے۔	1			Month Day 1		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed / Typed Name	Signature						Month Day)		
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous Printed/Typed Name	s materials covered by this manife	est except a	s poted	in Item 19			Month Day 1		

DHS 8022 A (1/87)

White: TSDF SENDS THIS COPY TO DOHS WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

EPA 8700—22 (Rev. 9-86) Previous editions are obsolete. To: P.O. Box 3000, Sacramento, CA 95812

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550